

# New Member Enrollment Form

Last Revision Date: June 2012

## BOSTON RETIREMENT BOARD

Boston City Hall, Room 816

Boston, MA 02201

617-635-4311

Please print or type all information (except for signature)

Full Name:	Social Security #:
Former Name:	Date of Birth:        /        /
Street Address: _____	
City: _____ State: _____ ZIP: _____	
Email address:	Phone Number:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates of military service: _____ The retirement law establishes specific periods of active service which may qualify you for certain Veteran benefits. A copy of military discharge (form DD-214) is required.	Position: _____ Start Date: _____ Agency or Department: _____

Past membership history with any other contributory retirement systems in Massachusetts

RETIREMENT SYSTEM	FROM	TO	Group # (if known)*	WAS REFUND TAKEN?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

\* Group 1 members are officials and general employees including clerical, administrative and technical workers, laborers, mechanics, and all others not otherwise classified. Group 2 includes certain employees with hazardous occupations, such as ambulance attendants, and mental health hospital attendants. Group 3 is made up of state police officers. Group 4 consists of public safety officers, officials, and employees, such as police officers, firefighters, and certain correction officers.

Do you currently receive or have you ever received a retirement allowance from another public retirement system?    ☐ Yes    ☐ No

**BOSTON RETIREMENT BOARD**  
**NEW MEMBER ENROLLMENT FORM**

Full Name:	Social Security #:
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I hereby authorize the Treasurer to withhold the proper percent of my regular compensation due on each pay period and to deposit such deductions to my credit in the annuity savings fund. I understand the full amount of such deductions, with regular interest as provided by law, will be returned to me upon my written request if I terminate my service, unless I plan to accept a position which would entitle me to become a member of any other contributory retirement system in the Commonwealth. In the event that I die before retiring, my beneficiary or beneficiaries may receive survivor benefits or a refund of my accumulated total deductions as allowed by law.

I sign this form under the pains and penalties of perjury. I affirm that the information presented in this form is correct, complete and accurately presented. I understand that giving false or incomplete information may subject me to the loss of my benefits as well as civil and criminal penalties.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please give this form to your department representative so they can complete the section below. There are two other forms to complete the enrollment process:

- 1) Beneficiary Selection and
- 2) Statement acknowledging that you are not eligible for social security benefits.

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**DEPARTMENTAL INFORMATION**

This section to be completed by a Department/Agency Representative and verified by Retirement Board.

POSITION DETAILS	DEDUCTION	SERVICE STATUS
Department/ Agency:	<input type="checkbox"/> 5% <input type="checkbox"/> 7% <input type="checkbox"/> 7% + 2% <input type="checkbox"/> 8% + 2% <input type="checkbox"/> 9% + 2% <input type="checkbox"/> 11% (TARP)	<input type="checkbox"/> Full-Time
Position Title:		<input type="checkbox"/> Part-Time: _____%
Start Date:		<input type="checkbox"/> Temp / Substitute
Date of First Deduction:		<input type="checkbox"/> Other: _____
TARP Start Date (if applicable):		<input type="checkbox"/> New <input type="checkbox"/> Transfer

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Introduction**  
**Beneficiary Selection Form**  
**(If Member Dies Before Retirement)**

Last Revision Date: June 2012

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The *Beneficiary Selection Form* allows a member to select an eligible beneficiary to receive a retirement allowance if the member dies before retirement and to select a beneficiary or beneficiaries to receive accumulated deductions and other payments due to a member if the member dies before retirement. Keep in mind:

- Only certain of your relatives qualify as an eligible beneficiary for benefits under G.L. c. 32, § 12(2)(d), but any person or entity can be selected as a beneficiary for a return of your accumulated total deductions.
- Your selection on this form may be superseded by an eligible spouse under the provisions of G.L. c. 32, § 12(2)(d) if you die before retirement.
- This form becomes void upon your retirement.
- If you divorce or your personal situation changes, you may wish to file a new form with your retirement board.

# Beneficiary Selection Form (If Member Dies Before Retirement)

Last Revision Date: June 2012

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I, (Print Name): \_\_\_\_\_, a member of the State-Boston Retirement System, hereby request the Boston Retirement Board ("Board") to pay any sum referred to in G.L. c. 32, § 11(2) due at my death to the following beneficiary or beneficiaries in the proportions designated.

My selection may be superseded by a selection under G.L. c. 32, § 12(2)(d) if I die leaving an eligible spouse who elects to receive a monthly benefit.

I understand that I may change my beneficiary designation at any time prior to my retirement and that upon my retirement, this form becomes void.

The types of payments covered under G.L. c. 32, § 11(2) include:

- The payment of the accumulated deductions credited to a member's account in the annuity savings fund at the date of death when the member's death occurs prior to his/her retirement.
- The amount of any uncashed checks payable to a member at his or her death.
- Any person or entity may be a beneficiary under G.L. c. 32, § 11(2). Give complete name and address of each beneficiary below:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Percentage: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Percentage: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Percentage: \_\_\_\_\_

Address: \_\_\_\_\_

## Beneficiary Selection Form

Last Revision Date: June 2012

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Member's Last Name	First	M.I.	SBRB Member ID#
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Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Percentage: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Percentage: \_\_\_\_\_

Address: \_\_\_\_\_

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member's Address: \_\_\_\_\_

## Beneficiary Selection Form

Last Revision Date: June 2012

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Member's Last Name	First	M.I.	SBRB Member ID#
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To be completed by witness to member signature above.

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Witness (Print): \_\_\_\_\_

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### Choice of Option D Beneficiary

I, (Print Name): \_\_\_\_\_, a member of the State-Boston Retirement System, hereby nominate the beneficiary\* listed below to receive from the Boston Retirement Board [under the provisions of G.L c. 32, § 12(2)(d)] a benefit equal to the Option C retirement allowance which would otherwise have been payable to me in the event that I die before being retired.

I understand that I may change my beneficiary designation at any time prior to my retirement and that upon my retirement this form becomes void.

I understand that this choice of Option D Beneficiary can be superseded if, at my death, I leave a spouse to whom I have been married for over one year and with whom I am living on the date of my death, or if living apart, for justifiable cause as determined by the Board.

Beneficiary

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Name of Eligible Beneficiary	Beneficiary's Relationship to Member
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Beneficiary's Date of Birth ( <i>Attach birth record</i> )	Beneficiary's Social Security #
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Member

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Member's Street Address

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City/Town	State	Zip	SBRB Member ID #
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To be completed by witness to member signature above.

Witness' Signature: \_\_\_\_\_

Witness' Name (Print): \_\_\_\_\_

\* An eligible beneficiary is defined under G.L c. 32, § 12(2)(d) as the spouse, former spouse who has not remarried, child, father, mother, sister or brother of the member.

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## Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, [www.socialsecurity.gov/online/ssa-1945.pdf](http://www.socialsecurity.gov/online/ssa-1945.pdf). Paper copies can be requested by email at [ofsm.oswm.rqct.orders@ssa.gov](mailto:ofsm.oswm.rqct.orders@ssa.gov) or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.

## Statement Concerning Your Employment in a Job Not Covered by Social Security

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Employee Name \_\_\_\_\_ Employee ID# \_\_\_\_\_

Employer Name \_\_\_\_\_ Employer ID# \_\_\_\_\_

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

### Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

### Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

### For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

**I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.**

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_